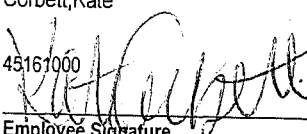
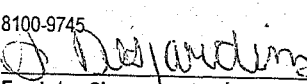
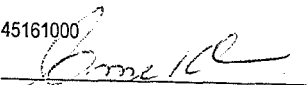



Director's Signature: \_\_\_\_\_

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: June 12, 2010


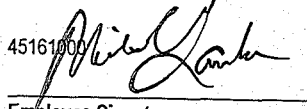

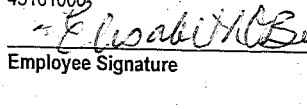
Employee Name:		Sunday 06/06/10	Monday 06/07/10	Tuesday 06/08/10	Wednesday 06/09/10	Thursday 06/10/10	Friday 06/11/10	Saturday 06/12/10
Corbett, Kate 45161000 	Day: In - Out		6:55 2:55	6:45 2:45	6:50 2:50	6:45 2:45	6:50 2:50	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.								
Desjardins, Stacey 8100-9745 	Day: In - Out		8:30 4:30	7:45 3:45	8:10 4:10	8:25 4:25	7:50 12:50	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.							2.5 sic	
Dookhan, Annie 45161000 	Day: In - Out		6:45 4:25	6:45 4:30	6:45 2:00	6:45 3:10	6:45 4:20	
	Lunch: Out - In		12:00 12:30		12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To			10:30 2:00		8:45 11:00		
Document exceptions or comments, indicate type and amount.			OT 1.5 ✓	Federal Court OT 1.75 ✓	OT 1.25 ✓	Bmc	OT 1.5 ✓	
Frasca, Daniela 45161000 	Day: In - Out		6:45 2:45	7:30 4:30	7:00 1:00	6:45 2:45	6:45 5:45	
	Lunch: Out - In		1:10 1:40	1:05 1:35		1:05 1:35	12:30 1:00	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.				OT 1.0 hr ✓	SIC 2.0 hr 1.5 hr ✓		3.0 OT ✓	

Director's Signature: \_\_\_\_\_

Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.


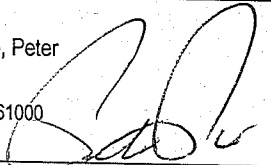
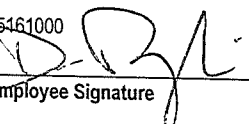

Week Ending: June 12, 2010

Employee Name:		Sunday 06/06/10	Monday 06/07/10	Tuesday 06/08/10	Wednesday 06/09/10	Thursday 06/10/10	Friday 06/11/10	Saturday 06/12/10
Glazer, Lisa 45161000  Employee Signature	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	
	Lunch: Out - In		12:00 12:30	1:00 1:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To			8:15 11:00 12:45				
Document exceptions or comments, indicate type and amount.								
Lawler, Michael 45161000  Employee Signature	Day: In - Out		7:50 6:20	8:15 5:20	8:05 10:45	7:55 3:55	7:45 6:45	7:00 5:30
	Lunch: Out - In		12:50 2:50	11:50 12:20		12:55 1:25	11:00 1:10	12:50 1:20
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 1.0 ✓	OT 1.0 ✓	VAC 4.75 ✓		3.0 OT ✓	10.0 OT ✓
Medina, Nicole 45161000  Employee Signature	Day: In - Out		7:35 12:35	7:40 3:40	7:45 3:45	8:05 3:35	7:50 3:20	
	Lunch: Out - In			12 12:30	12 12:30	12 12:30	12 12:30	
	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			2.5 hrs Sick ✓			0.5 Vac ✓	0.5 Vac ✓	
O'Brien, Elisabeth 45161000  Employee Signature	Day: In - Out		7:40 1:45	7:45 2:45	7:45 5:15	7:55 1:55	7:50 1:30	
	Lunch: Out - In		9:45	11:30 12:00	11:30 12:00			
	Outside Duty: From - To		9:15 1:40					
Document exceptions or comments, indicate type and amount.			Worcester VAC 3.0 ✓			Per 0.5 ✓	Per 1.5 ✓	

Director's Signature: \_\_\_\_\_  
 Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: June 12, 2010

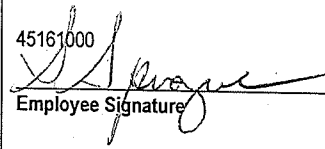
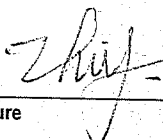
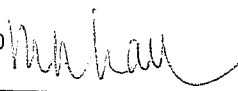
Employee Name:		Sunday 06/06/10	Monday 06/07/10	Tuesday 06/08/10	Wednesday 06/09/10	Thursday 06/10/10	Friday 06/11/10	Saturday 06/12/10
Philips, Gloria	Day: In - Out							
45161000	Lunch: Out - In							
Employee Signature 	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			CMT 7.5 ✓	SIC 7.5 ✓	CMT 7.5 ✓	SIC 7.5 ✓	SIC 7.5 ✓	
Piro, Peter	Day: In - Out		7:15 6:15	7:05 3:10		7:25 1:30	17:15 3:15	6:45 5:15
45161000	Lunch: Out - In		12 12:30	12:40 1:10			12:45 1:15	12:30 1:00
Employee Signature 	Outside Duty: From - To							
Document exceptions or comments, indicate type and amount.			OT 3.0 ✓		VAC 7.5 ✓	VAC 1.5 hr ✓		OT 10.0 ✓
Renczkowski, Daniel	Day: In - Out		6:45 2:45	6:45 2:45	7:00 3:00	10:45 2:45		
45161000	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30		
Employee Signature 	Outside Duty: From - To					8:45 11:00		
Document exceptions or comments, indicate type and amount.						BMC	7.5 hr VAC ✓	
Saunders, Della	Day: In - Out		6:45 3:30	6:45 3:30	6:45 3:30	6:45 3:30	6:45 9:45	6:45 2:50
45161000	Lunch: Out - In		1:30 2:00	1:30 1:50	1:30 2:00	1:15 1:45		1:30 2:00
Employee Signature 	Outside Duty: From - To			BMC 11:00 12:45				
Document exceptions or comments, indicate type and amount.			OT 0.75 hr ✓	OT 0.75 hr ✓	OT 0.75 hr ✓	OT 0.75 hr ✓	VAC 4.5 ✓	OT 7.5 ✓

Director's Signature: \_\_\_\_\_

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: June 12, 2010

Employee Name:		Sunday 06/06/10		Monday 06/07/10		Tuesday 06/08/10		Wednesday 06/09/10		Thursday 06/10/10		Friday 06/11/10		Saturday 06/12/10	
Sprague, Shirley 45161000 	Day: In - Out			9:05	5:10	9:05	5:10	9:00	5:00	9:10	5:15	9:10	5:10		
	Lunch: Out - In			1:00	1:30	1:00	1:30	1:00	1:30	1:00	1:30	1:00	1:30		
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.															
Tan, Zhi 45161000 	Day: In - Out			6:45	6:15	6:45	6:45	6:45	6:00	6:45	6:45	6:45	6:15	6:45	4:15
	Lunch: Out - In			12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				OT 3.5 ✓		OT 4.0 ✓		OT 3.25 ✓		OT 4.0 ✓		OT 3.50 ✓		9.5 ✓	
Tran, Mai 45161000 	Day: In - Out			8:30	11			8:15	2:15	8:15	3:30				
	Lunch: Out - In									11:30	12				
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.				3.5 sick ✓											
45161000  Employee Signature	Day: In - Out														
	Lunch: Out - In														
	Outside Duty: From - To														
Document exceptions or comments, indicate type and amount.															

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval prior to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 6/12/10

# of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: ☒ paid at OT rate \_\_\_\_\_ added to comp time balance \_\_\_\_\_  
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Salem Date: 6/10/10

Department Head: Quise Davis Date: 6/10/10

Denial reason: \_\_\_\_\_

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Pete Piro	138624	10.0 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	148724	9.5 hrs			
Michael Lawler	120459	10.0 hrs			